

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO:

FILING DATE

101 594299

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|-----------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 8 | | 51 | | | | |
| 9 | | 15 | | | | |
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| TOTAL CLAIMS | | | | | | |

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 100 | | | | | | |
| TOTAL IND. | 1 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 59 | ← | | ← | | ← |
| TOTAL CLAIMS | 60 | | | | | |